

<i>SERFF Tracking Number:</i>	<i>FRCS-128536293</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>5784</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>Modified WL Application</i>		
<i>Project Name/Number:</i>	<i>RESERVE/67/67</i>		

## Filing at a Glance

Company: Reserve National Insurance Company

Product Name: Modified WL Application

SERFF Tr Num: FRCS-128536293 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: L07I.201 Early Duration Reduced  
Benefit - Level Premium - Any Policy Design

Co Tr Num: 5784

State Status: Approved-Closed

Filing Type: Form

Author: Marilyn Odell

Reviewer(s): Linda Bird

Date Submitted: 07/05/2012

Disposition Date: 07/11/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: RESERVE/67

Status of Filing in Domicile: Pending

Project Number: 67

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted in  
domicile state (OK) on or about this same date.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/11/2012

State Status Changed: 07/11/2012

Deemer Date:

Created By: Marilyn Odell

Submitted By: Exselsa Cartwright

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Reserve National Insurance Company to file the enclosed form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date. This fee is based on the Company's state of domicile (OK).

This application will be used to apply for Modified Benefit Whole Life policy, MWL-97, which was approved on 05/24/2004.

SERFF Tracking Number: FRCS-128536293 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number:  
Company Tracking Number: 5784  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design  
Product Name: Modified WL Application  
Project Name/Number: RESERVE/67/67

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

State Narrative:

## Company and Contact

### Filing Contact Information

Marilyn Odell, Compliance Specialist  
1020 Central  
Suite 201  
Kansas City, MO 64105  
marilyn.odell@firstconsulting.com  
800-927-2730 [Phone] 2835 [Ext]  
816-391-2755 [FAX]

### Filing Company Information

(This filing was made by a third party - FC01)

Reserve National Insurance Company CoCode: 68462 State of Domicile: Oklahoma  
601 East Britton Road Group Code: Company Type:  
Oklahoma City, OK 73114 Group Name: Unitrin, Inc State ID Number:  
(405) 848-7931 ext. [Phone] FEIN Number: 73-0661453

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: \$50 per form x 1 = \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$50.00	07/05/2012	60680111

SERFF Tracking Number:	FRCS-128536293	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name:	Modified WL Application		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/11/2012	07/11/2012

<i>SERFF Tracking Number:</i>	<i>FRCS-128536293</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>RESERVE/67/67</i>		

## Disposition

Disposition Date: 07/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FRCS-128536293</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>5784</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Certification of compliance		Yes
Form	Application for Life Insurance		Yes

SERFF Tracking Number: FRCS-128536293 State: Arkansas

Filing Company: Reserve National Insurance Company State Tracking Number:

Company Tracking Number: 5784

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: Modified WL Application

Project Name/Number: RESERVE/67/67

## Form Schedule

Lead Form Number: L-KSB-0812-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-KSB-0812-AR	Application/ Enrollment Form	Application for Life Insurance	Initial	52.400	Kemper_Life_Senior_Care_App-AR.pdf



# Application for Life Insurance

## Insurance Benefits Provided by Reserve National Insurance Company

<b>APPLICANT</b>	<b>Full Legal Name of Proposed Insured</b> _____
	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Social Security No.</b> _____ / _____ / _____ <b>Date of Birth</b> _____ / _____ / _____
	<b>Legal Residence Address</b> _____ Street City State Zip
	<b>Mailing Address</b> _____ Street City State Zip
	<b>Phone No.</b> _____ / _____ / _____ <b>E-mail</b> _____
<b>Name of Owner if other than Proposed Insured</b> _____	

<b>MODIFIED WHOLE LIFE POLICY</b>		<i>HOME OFFICE USE: Policy Number(s)</i>
<b>GUARANTEE ISSUE</b>	<b>If you are applying for the Modified Whole Life Policy, please answer the following:</b>	
	<b>Policy Amount:</b> <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000	
	1. Do you have existing life insurance or annuity contracts in force?.....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	2. Will this insurance replace in whole or in part any other insurance?..... (This policy will not be issued to replace other coverages)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	3. Do you elect to pay delinquent premiums pursuant to the Automatic Premium Loan Provision?.....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
4. Do you understand that a reduced death benefit amount may be payable during the first two policy years according to the terms of the policy?.....		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Agent Statement:</b> To the best of my knowledge the proposed insured <input type="checkbox"/> <b>does</b> <input type="checkbox"/> <b>does not</b> have any existing life insurance or annuity contracts.		
<b>Payment Mode:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Monthly (Automated Bank Account Withdrawal)		<b>Initial Premium \$</b> _____
<b>Primary Beneficiary</b>	<b>Relationship to Insured</b>	<b>Date of Birth</b>
<i>If more space is needed, list on a separate sheet.</i>		

## AGREEMENTS & SIGNATURES

IT IS REPRESENTED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND CORRECTLY RECORDED AND THAT: 1. This application and any supplements thereto will be the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 2. The insurance applied for in this application will not be considered in force until issued by the Company and the first premium paid during the insured's lifetime. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. For purposes of insurability and underwriting determinations by Reserve National Insurance Company, I hereby authorize any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, pharmacy related service organization, or other medical or medically-related facility, insurance company or MIB, Inc. ("MIB"), that has any health or medical records or knowledge concerning me or any members of my family named in this application, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. I, or my authorized representative, am/is entitled to receive a copy of this authorization upon request. This authorization shall remain valid for a period of 24 months from the date hereof. I understand that I may revoke this authorization at any time by mailing written notice thereof to the Company at 601 East Britton Road, Oklahoma City, OK 73114. If this application was taken over the telephone, I state that my answers were correctly recorded and I have signed this application after the telephone call.

## AGREEMENTS & SIGNATURES - CONTINUED

If accepted by the Company, the applicant requests coverage to be effective:

☐ Date of Application    ☐ Date of Issue    ☐ Other \_\_\_\_\_

Policy to be Delivered to:

☐ Applicant    ☐ Agent

The sum of \$ \_\_\_\_\_, which is the ☐ **Annual** ☐ **Monthly** initial premium for the policy(ies) applied for, has been ☐ **Paid to** ☐ **Authorized as a draft on my account by** ["Kemper Senior Benefits"]

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Signed at:** \_\_\_\_\_  
City State

Signature of Proposed Insured

**Date:** \_\_\_\_\_

Signature of Applicant/Owner/Trustee (if Other than Proposed Insured)

**Date:** \_\_\_\_\_

Owner/Trustee Address

Street City State Zip

Agent: I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon.

Signature of Producer #1

Producer Number

Date

Signature of Producer #2

Producer Number

Date

Print Producer #1 Name

Print Producer #2 Name

Agency Name

## BANK DRAFT AUTHORIZATION

Sign the authorization below and provide a voided check from the account you would like to use for our bank draft. Your premium will be paid by your bank and will be reflected in your bank statement.

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to [Kemper Senior Benefits], Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Signature EXACTLY as it appears on Bank Records

Date

☐ Annual    ☐ Monthly



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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
AR Readability Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	
<b>Bypass Reason:</b>	Not applicable to this filing.	
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Life & Annuity - Acturial Memo	
<b>Bypass Reason:</b>	Not applicable to this filing.	
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Third Party Authorization	
<b>Comments:</b>		
<b>Attachment:</b>		
Authorization_3-29-2012.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Certification of compliance	
<b>Comments:</b>		
<b>Attachment:</b>		

<i>SERFF Tracking Number:</i>	<i>FRCS-128536293</i>	<i>State:</i>	<i>Arkansas</i>
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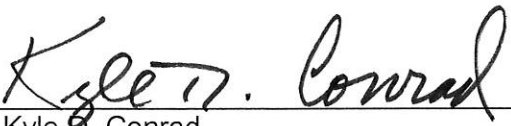
**AR CoC.pdf**

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Reserve National Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
L-KSB-0812-AR	52.4



Kyle B. Conrad  
Sr. Vice President and Associate  
Corporate Counsel

June 27, 2012

Date



Reserve National Insurance Company  
601 East Britton Road  
Oklahoma City, OK 73114-7710  
reservenational.com

Date: March 29, 2012


To: The Insurance Commissioner

### Authorization

This Authorization, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters related to forms and rates before the Insurance Department.

This Authorization shall be valid for a period of one year and renewable for a like period at the end of each term until terminated by the Company.

Company Name: Reserve National Insurance Company

Signature: 

Name: Kyle D. Conrad

Title: Sr. Vice President and Assoc. Corp. Counsel

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Reserve National Insurance Company

**Form Title(s):** Application for Life Insurance

**Form Number(s):** L-KSB-0812-AR

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

A handwritten signature in black ink, reading "Kyle D. Conrad", is written over a horizontal line.

Kyle D. Conrad  
Sr. Vice President and Associate  
Corporate Counsel

June 27, 2012

Date